

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

168.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 587
Registered No. _____

1. PLACE OF BIRTH

County Selen State _____
District or Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Umberto Renteria (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth 9 21 30
Month Day Year

8. FATHER
Full name Prudencio Renteria

9. Residence (Usual place of abode) miami
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Petra Barrios

15. Residence (Usual place of abode) miami
If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation
Nature of industry H. W.

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. P. Puyssens

Given name added from a supplemental report 491-521-722 Address Miami (Physician or midwife.)

Month, day, year

Filed Oct-8-30 C. E. D. R. R.
Registrar Registrar